Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Valley Solutions: Assemblymember Adam Gray's Ballot Measure Committee	**Date of** **This Filing** _____ 10/24/2017

CALIFORNIA FORM 497

Date Stamp

AREA CODE/PHONE NUMBER (916)254-5180	I.D. NUMBER (if applicable) 1357548

Report No. _____ LCR-20171016

For Official Use Only

STREET ADDRESS

☐ **Amendment**
to Report No. _____
(explain below)

Page 1 of 2

CITY Sacramento	STATE CA	ZIP CODE 95814

No. of Pages _____ 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/16/2017	Fresenius Medical Care Metairie, LA 70002	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$12,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2189924-0

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

2189924-0